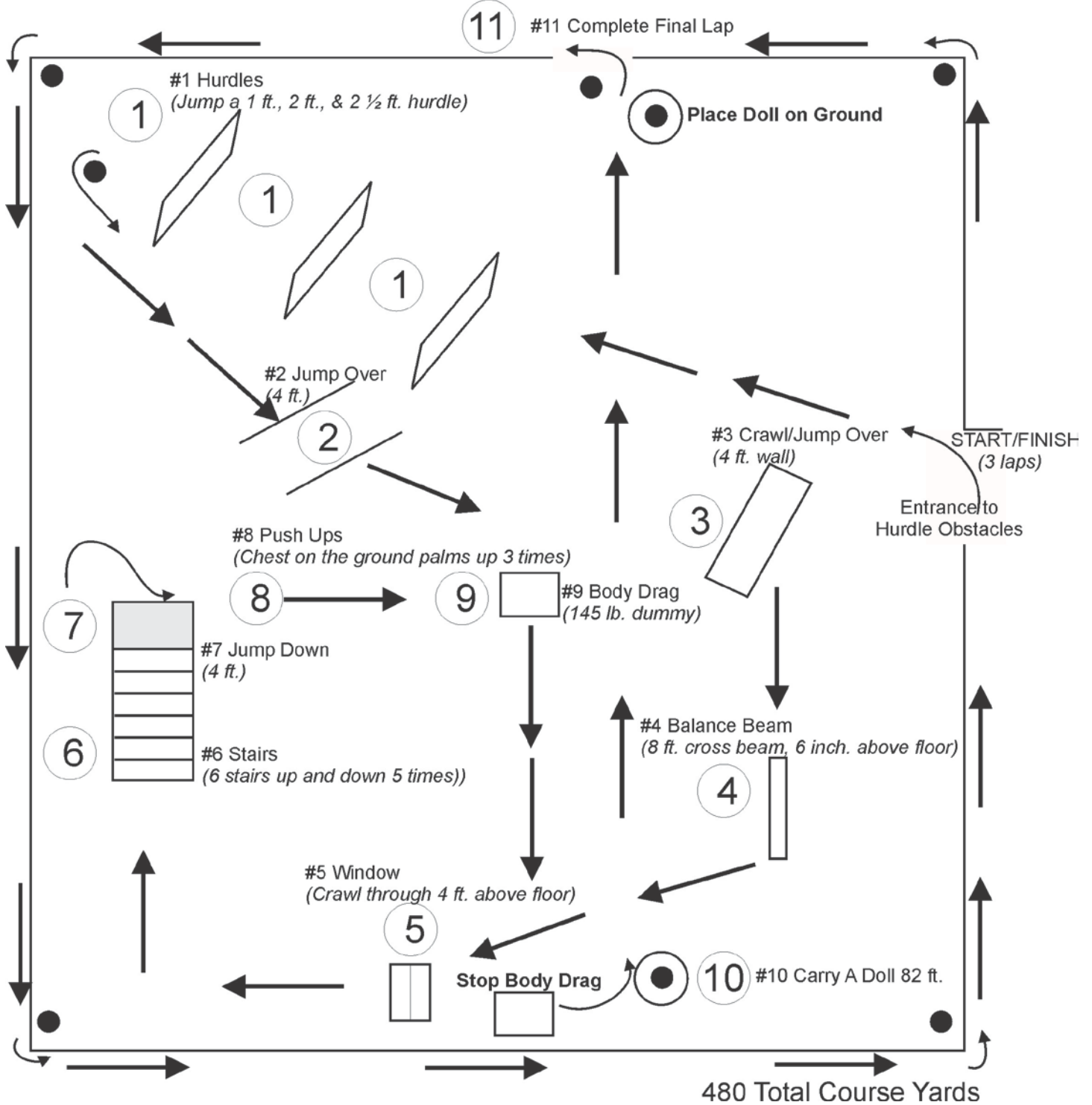


KANSAS CITY, MISSOURI POLICE DEPARTMENT
PHYSICAL ABILITIES TEST



Applicant's Name _____ Age _____ Date _____

Time Completed _____ ☐ Pass ☐ Fail Witnessed By _____